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THE HEALTH STATUS OF OLD AGE SECURITY RECIPIENTS IN SANTA CRUZ COUNTY*

PURPOSES OF THE STUDY

The provision of medical care for persons receiving grants from public assistance programs is gaining wide recognition as an important social and economic problem. California's expanding population is reflected in numerically larger case loads, while the costs of basic necessities of living and medical care have risen. A health program for recipients of Old Age Security presents the additional difficulty that this group experiences more illness and more costly illness than do younger persons. Because a substantial number of elderly persons have chronic conditions requiring continual medical supervision, obtaining this care is often their foremost problem.

Approximately one out of every 11 Californians is 65 or over; in Santa Cruz County, every seventh resident is in this age bracket. In 1955, one-third of the persons 65 or over in the county had incomes and property resources sufficiently limited so that they received Old Age Security benefits. Both the larger number of old people and the higher-than-average proportion of Old Age Security recipients make the problem of health services for this group of particular importance to Santa Cruz County.

Santa Cruz County spent an estimated \$378,800 of federal, state and county funds for medical services to 3,500 Old Age Security recipients in 1955. (See Table 1.) Over \$185,000 came from county tax funds, general

assistance, services of the county hospital and the county's share of one-seventh of Old Age Security funds. This large sum of money was spent for medical services in an unsystematic manner and without long-range objectives. Local groups interested in better health service for older people, especially preventive services, posed the questions: What are appropriate objectives of a medical program for older persons provided through public funds? How can medical services be directed toward these objectives?

In response to the interest in the possibilities of a better medical program, the county health department established a geriatric clinic in September, 1955, using county hospital facilities and the services of a retired physician. New applicants for program benefits and their spouses were offered a medical examination at the clinic; participation was voluntary. If the applicant named a private physician, the latter received a report of the clinic findings. Health department laboratory services were available to assist the private physician in continuing his medical supervision.

To provide a basis for further planning, the Santa Cruz County Health Department and Welfare Department, in cooperation with the State Department of Public Health and the U. S. Public Health Service, organized a study for the following purposes:

1. To determine the social characteristics and health status of the persons who receive Old Age Security benefits.

2. To determine the quantity and costs of medical services being provided to Old Age Security recipients.
3. To determine the community resources for health and related social services available to the aging.
4. To make recommendations for the improvement of health status of the Old Age Security recipients.

THE OLD AGE SECURITY PROGRAM

The program is administered by the welfare department and in 1955 served an average monthly case load of 3,500 and required a budget of \$2,763,700 of federal, state and county funds. Eligibility requirements established by state law include: that an applicant be at least 65, have lived in the State for at least five years within the past nine including the preceding year, that with certain exceptions, he not be an inmate of a public institution and that his real property not exceed \$3,500 or personal property \$1,200 (\$2,000 for an eligible couple).

For applicants who are accepted, the welfare worker prepares a budget calculated to cover the basic necessities of living. Outside income from any source (such as contributions from relatives, pensions or annuities), if any, is used as a base. Old Age Security funds are then added to make up the difference to a maximum of \$85 a month. Persons without outside income, therefore, receive the full \$85. Special needs, which include medical care, can be covered by ex-

*Excerpt from a report, "Health Status of Old Age Security Recipients in Santa Cruz County," California State Department of Public Health, July 15, 1956.

cess payments from program funds up to the amount of outside income. Persons without outside income are expected to cover their medical needs from the basic allotment.

STUDY METHODS

Three approaches to the problems under study were made: (1) a sample group of persons receiving Old Age Security was studied; (2) the physical condition of new applicants to the program was determined by review of records in the geriatric clinic and from reports from hospitals and private physicians; and (3) a study was made of community health and social services for the aging population.

SUMMARY OF FINDINGS

Social Status

Female Old Age Security recipients outnumber males two to one. Of Old Age Security recipients studied, 72 percent live either alone, or with a spouse only.

Health Status

Upon being interviewed, almost half of the recipients reported heart conditions; one-fourth said they had disabling heart conditions. Forty percent suffered from arthritis or other conditions of the bones and joints. Hernias, chronic sinus conditions and diseases of the genito-urinary system were also commonly reported. About four-fifths of chronic illnesses had been medically confirmed. Almost one-half of all recipients stated that they had to reduce their activity somewhat during the past year. Five out of six recipients were usually able to leave their homes without assistance. Ten percent had a personality disorder or were confused. Heart disease led as a cause of hospitalization as well as a cause of illness and disability.

Medical examination in the Health Department's Geriatric Clinic of a younger group of new applicants for Old Age Security benefits revealed an average of one-third more significant chronic conditions per person than were recognized and reported on interview by the older group of present recipients.

Use of Medical Care

Three-fourths of the present recipients received medical services during

the past year; most physicians' services were provided by private practitioners, with less than 10 percent obtaining services from the outpatient clinic of the county hospital. On the average, each 100 recipients experienced 13 periods of hospitalization, usually in the county hospital. The average stay was 11 days for each admission. Four percent of the study group used nursing home services with an average of 330 days for each person admitted.

Costs of Medical Care

Total public expenditures specifically for medical services to 3,500 recipients are estimated at \$378,800 in 1955, an average of \$108 per recipient. Of the total, \$225,800 came from Old Age Security funds. Most of the remainder was the cost of services rendered to this group by the county hospital. Nursing home care constituted the largest item of cost, although only 4 percent of the recipients used this type of care; public funds averaged \$54 per recipient, and were supplemented by money from private sources for an additional \$18 per recipient. Hospital costs were \$23 per recipient and were supplemented by an additional \$5 from private sources.

Physician services cost \$17 per person for the year, including the costs of services of the county hospital clinic. In addition, the data indicated a minimum estimate of \$9 per recipient of unpaid medical bills.

Community Health and Social Services for the Aging

Primary health and social needs of the aging as seen by the administrators of community agencies and institutions were more adequate medical services, and opportunities for social contact and recreation. Most of the services of the hearing society and the visiting nurses associations went to older persons. The community took one step toward providing social and recreational opportunities for the aging by establishing the senior citizens organization.

RECOMMENDATIONS

Medical Services

A. It is recommended that the Santa Cruz County Health Department, county hospital and welfare department in cooperation with the

county medical society develop a program of active medical services for the recipients of Old Age Security.

At present, one-half of the public funds for medical services for the Old Age Security group are used for a relatively static program of nursing home care. An aggressive medical program aimed at health maintenance, rather than passive care, would eventually reduce the proportion of nursing home care and would effect economies in the total medical program.

B. It is recommended that the geriatric diagnostic clinic extend its services to all recipients of Old Age Security.

A comprehensive, periodic diagnostic service with follow-up meets a major health need of the older age group and provide the basis for a continuing medical program carried out by the patient's own physician.

At relatively small cost, many diseases can be detected and referred for further attention before they result in relatively expensive hospitalization or long-term nursing care.

C. It is recommended that the county establish arrangements for routine and emergency medical services for all Old Age Security recipients. Routine office visits for physicians' services are readily available to many recipients, and supplemental payments for these services are made by the welfare department. However, approximately one-fourth of the recipients are ineligible for supplemental payments of any kind, and an additional one-fourth have less than \$10 per month which can be used for supplemental payments.

A mechanism should be established for at least emergency medical calls to Old Age Security recipients living at home and in boarding homes. The study disclosed evidence of difficulty in obtaining physicians for house calls. While most recipients are ambulatory most of the time, two-fifths are confined to bed sometime during the year, and a few cannot be moved without the help of others.

Boarding home operators should have a written agreement with a responsible member of the family in the event that physician services are necessary.

- D. It is recommended that the county make arrangements for routine medical supervision and emergency services to the patients in nursing homes.

The patients are often severely debilitated, and their management is under the written prescription of a physician. Though their conditions are relatively stable, they are subject to exacerbations of chronic illness and attacks of acute illnesses. Almost all these patients are receiving maximum program grants and are ineligible for supplemental payments for physicians' services under the present policies of the welfare department.

Continued medical supervision is necessary to prevent deterioration, and consequent hospitalization. Provision for routine care should be included in the budget established by the welfare department. Additional money should be available for emergency services.

- E. It is recommended that county hospital services be made available to the entire group qualified for Old Age Security. Present admitting policies exclude from the county hospital 26 percent of the Old Age Security recipients because of differences in the maximum of personal property allowed for hospital benefits and income maintenance benefits.

- F. It is recommended that facilities for the care of the chronically ill be improved.

Although Santa Cruz County is relatively well supplied with general hospital beds, there is no hospital program dedicated to the needs of the chronically ill and aged. An active hospital program for the treatment of the chronically ill, together with provision of community services to the aged people at home, can significantly reduce the demand for institutional care. The potentials of such a program should be investigated before undertaking the capital outlay for a major expansion of bed capacity.

At present there appears to be a demand for more beds in nursing homes. If the number of nursing home beds is related to the 1950 population of persons over 65 years of age, Santa Cruz is better supplied than the State as a whole, but has a somewhat lower ratio of beds than San Mateo County or San Francisco. On this basis a major expansion does not appear justified. Half the nursing home beds in Santa Cruz County are in buildings which are unsuitable for long-range use. Replacement or improvement of several existing nursing home facilities, including those in the county hospital, is necessary.

- G. It is recommended that the geriatric clinic include attention to visual, hearing, dental and foot problems.

These problems impair mobility and social contacts and encourage the retreat of the individual. Maintenance of such contacts stimulates the desire to live independently, rather than to accept the dependency of institutional living.

Social Services

- H. It is recommended that the welfare department and health department cooperate with the voluntary health and welfare agencies of the community to establish special services which will enable people in the older age groups to continue living at home as long as possible, and thus maintain social contacts.

Elderly couples and older people living alone or with families often prefer to remain at home even though handicapped. For the maintenance of their own lifelong relationships and their health, efforts to bring adequate medical, nursing and housekeeping services into the home are justified.

- I. It is recommended that the Santa Cruz County Health Department include public health nursing services in its program for the aging. At present, almost no public health nursing services are extended to the aging. The geriatric clinic should serve as a referral source for health problems among recipients of Old Age Security. Adequate attention to health problems would be made likely with health department follow-up.

- J. It is recommended that professional social casework be made generally available to Old Age Security recipients.

Social casework is an essential part of medical care for this group. It is a technical service requiring trained personnel to assist in the coordination of medical and health services, and to relieve the social and environmental stresses of illness, which often lead to deterioration in condition.

- K. It is recommended that community agencies establish housekeeping services.

Moderately disabled persons living alone, or with an aged spouse only, can maintain themselves at home in comfort if limited housekeeping services are provided.

Where they are necessary, the welfare department should consider these expenses as basic necessities of living.

- L. It is recommended that the establishment of day centers for the aged be considered by the health and welfare agencies of the community. Such centers should provide recreational op-

TABLE 1
ESTIMATED EXPENDITURES FOR MEDICAL SERVICES PAID FROM
PUBLIC FUNDS FOR OLD AGE SECURITY RECIPIENTS
Santa Cruz County, 1955

SOURCE OF FUNDS	TYPE OF EXPENDITURES				
	Total	Hospital	Nursing home	Physician services	Drugs, other
Total, all sources.....	\$378,800	\$79,100	\$183,100	\$60,200	\$56,400
Old Age Security.....	225,800 ^a	1,700	111,400	56,300	56,400
General assistance.....	12,100	—	12,100	—	—
County hospital.....	140,900	77,400	59,600	3,900 ^b	—

NOTE: Estimated from experience of sample study group.

^a Paid from medical allowances. Does not include expenditure by recipients from basic grants.

^b Estimated from average clinic visit costs (1955-56) at \$2.66 per visit.

^c Information not obtained on cost of drugs and other services paid from general assistance funds or provided by the county hospital.

portunities for older persons and permit minimal daily supervision of those who live alone. A critical consideration is whether such a center can be located within easy walking distance of the homes of people it intends to serve.

If such a center is successful, the later addition of a single daily meal service should be considered.

- M. It is recommended that the Santa Cruz County Health Department undertake a long-range study to evaluate health status and the utilization of medical services by the recipients of Old Age Security as the proposed programs are activated.

Paralytic Polio Reduced 85% In Vaccinated Children

The paralytic effects of polio have been reduced about 85 percent in vaccinated children where enough time has elapsed for the vaccine to provide protection.

While over-all polio incidence is higher than last year, remarkably few cases have occurred among vaccinated persons. The reduction is most striking among children who have received at least the first two inoculations of the recommended three-dose schedule. Of 261 paralytic cases reported in California this year in children under 15 years of age, only 13 had received two inoculations.

A comparison of rates in vaccinated and nonvaccinated children in the under 15 age group indicates that two inoculations of the vaccine had reduced paralytic cases by approximately 85 percent. Total incidence, including the milder nonparalytic cases, has been reduced about 75 percent in the vaccinated group.

More than one-half of the cases this year have occurred among the nonvaccinated children under 15 who have been eligible for the vaccine since last October. Nearly one-third of the cases are among adults 20 to 35 years of age who are now eligible for vaccine available through regular commercial channels.

It is important to assure the vaccination of children under five years of age, where 43 percent of paralytic cases this year are occurring. Polio in California peaks in late summer and fall so there still is time to provide

some measure of protection against the disease through vaccination.

The polio incidence in California continued to rise in July, during which time 249 cases of polio, of which 168 were paralytic, were reported. This incidence is substantially higher than the 197 cases, 93 of which were paralytic, reported for the same month a year ago. However, the incidence closely follows the average number of cases of the previous five years.

Accumulative figures for the current polio season since April 1st also show a higher incidence than last year, but similar to the five-year median.

Reported cases for the period April-July, in summary, are:

	1956	1955	5-year median 1951-55
Total cases-----	596	542	602
Paralytic cases--	405	295	360

The polio vaccine supply improved to the extent that on July 19th the State Department of Public Health, with the consent of its Allocation Subcommittee, removed all restrictions on the use of commercial vaccine—all ages being declared eligible. With release No. 36 on July 21st, the U. S. Public Health Service discontinued the allocation of vaccine to states. In the future a state will be notified of the total amount of vaccine released nationally and may or may not order vaccine for its public agency program.

It was estimated at the end of June that 3,408,433 inoculations of polio vaccine had been given in California. Voluntary reports of commercial vaccine use by physicians were discontinued as of June 30th and the only measure of commercial vaccine now available is the figure for the amount shipped into California as recorded on invoices from manufacturers. During July, 290,097 cc. were shipped into the State.

Reports from local health officers for July show a total of 181,395 inoculations given during that month, bringing the cumulative total for the public programs to 1,358,128 injections. Of the 69 health jurisdictions having public programs, all but 12 have received all of the free vaccine available to them from the first congressional appropriation. Thirty-one

health jurisdictions have received vaccine from the allotment made possible through the second appropriation. Of these 31 jurisdictions, seven had received their entire second allotment. Programs have continued through the summer in most areas of the State and a sharp increase in numbers of inoculations is expected to follow the September opening of school.

Epidemiology to Be Subject Of Regional Institutes; Early Reservation Urged

In cooperation with the Communicable Disease Center, U. S. Public Health Service, the State Department of Public Health will give five-day courses in the Principles of Epidemiology in the Los Angeles Area on October 29-November 2; in the San Francisco Bay Area November 5-9, and in the Fresno Area November 12-16.

Reservations for the courses, which are open to all professional and technical public health staff in health departments, schools and voluntary health agencies, should be sent immediately to William Allen Longshore, Jr., M.D., Bureau of Acute Communicable Diseases, 2151 Berkeley Way, Berkeley 4. There will be no tuition fee.

Aimed to increase the effectiveness of the public health team in communicable disease control, the most recent knowledge about the trends and general principles of epidemiology will be presented by authorities from the Communicable Disease Center, the California State Department of Public Health, the University of California at Berkeley and Los Angeles, and others.

Among the specific disease areas that will be covered are chronic disease, diseases of childhood, neurotropic viruses and enteric pathogens, and diseases caused by animals and insects.

This is the first such institute on the principles of epidemiology to be held in California. It is anticipated that the courses will be attended by physicians, nurses, sanitarians, laboratory workers, statisticians, health educators, veterinarians, nutritionists, and others.

Encephalitis Surveillance Program Continued in 1956 Season

The State Department of Public Health's annual encephalitis surveillance program, first established in 1953, has again operated during the 1956 season.

Four study areas are located in Kern, Fresno, San Joaquin and Yuba-Sutter Counties. These were selected as representative areas for the Central Valley in which most of the cases of arthropod-borne encephalitis occur. The program includes the investigation of the occurrence of the disease in humans, the occurrence of equine encephalomyelitis, the presence of virus in mosquitoes, mosquito prevalence and the laboratory study of viruses isolated from suspected cases in humans, animals and mosquitoes.

The season during which this program operates is May-October for mosquito studies and June-October for suspected human cases. To date, all human infections of western equine and St. Louis viruses have occurred between the first of June and the first week of November.

The reported cases of western equine and St. Louis encephalitis 1945-1955 are as follows:

Year	No. cases		No. deaths	
	W. E.	St. L.	W. E.	St. L.
1945-----	26	28	2	1
1946-----	18	10	2	-
1947-----	32	6	3	1
1948-----	-	1	-	-
1949-----	10	21	1	-
1950-----	88	69	1	1
1951-----	22	33	-	-
1952-----	375	45	9	1
1953-----	14	22	-	1
1954-----	22	99	-	2
1955-----	6	3	-	-
Total --	613	337	18	7

The total cases of the arthropod-borne virus infections do not show the severity of the problem. The western equine encephalitis appears to be a disease of the very young and to a lesser extent of those over 50 years of age. Of the 613 western equine cases, 297 or 48.5 percent were under 10 years of age and almost a third of those were under 1 year of age. The ages of the 6 cases last year were from 2-12 weeks of age. It is in the age group of under 1 year that the more serious neurologic signs develop, particularly convulsions, and these patients are frequently left with se-

vere sequelae including mental retardation.

The surveillance program includes the following phases:

1. Information Regarding Human Cases

The regular morbidity reports are supplemented by special epidemiologic data. In each of the four study areas, medical students are assigned for the purpose of obtaining even more complete information regarding all patients admitted to the designated hospitals, who are suspected of having central nervous system disease with fever. Adequate specimens are obtained for laboratory tests in an endeavor to determine the specific etiology of these cases.

2. Information Regarding Cases of Encephalitis in Animals

The same reporting procedures are now established with the State Department of Agriculture for the reporting of disease in animals as exist with the State Department of Public Health for the reporting of disease in humans. Therefore the information regarding the occurrence of equine encephalomyelitis and encephalitis virus infection in other animals is a combination of information received from all agencies interested, including the local veterinarians, the local health departments and the State Viral and Rickettsial Disease Laboratory. During 1955 the western equine virus was isolated from four squirrels during the months August-October. The squirrels were from Butte, Sonoma and Tehama Counties.

3. Information Regarding Presence of Virus in Mosquitoes

Mosquitoes are collected routinely in the four study areas from May 1st through October. Western equine virus is isolated earlier than the St. Louis virus but the number of isolations vary from year to year.

In 1954 western equine virus was first isolated from *C. tarsalis* mosquitoes collected in Kern County during the week of May 15th; the St. Louis virus was not isolated until the week of June 12th from *C. tarsalis* mosquitoes collected in Yuba-Sutter area.

In 1955, the earliest isolation was western equine virus from *C. tarsalis* mosquitoes collected during the week of June 25th in Fresno County; the St. Louis isolations were one

month later—week of July 23d from *C. tarsalis* collected in Kern County.

This year, 1956, western equine virus was first recovered from mosquitoes collected during the week of May 26th — *C. tarsalis* in Kern County. To date the isolation of St. Louis virus has not been reported.

4. Information Regarding Laboratory Specimens From Suspected Cases of Central Nervous System Disease With Fever

This appears to be the most sensitive index of suspected cases of encephalitis in any particular area. The physicians submitting blood specimens from patients suspected of having encephalitis indicate the earliest time period of suspicion. Therefore the weekly tabulation of the number of blood specimens received at the Viral and Rickettsial Disease Laboratory from physicians throughout the State and particularly the Central Valley area, shows the fluctuation from the time when mumps encephalitis cases are occurring, to the arthropod-borne encephalitis season.

COOPERATION WITH OTHER AGENCIES

To utilize the surveillance program satisfactorily, there is close cooperation with the field research studies of the University of California School of Public Health, in the Kern County area; and with the encephalitis follow-up study conducted by the Stanford University Medical School. In addition, there is a special study being carried out in cooperation with the Rockefeller Foundation seeking to discover new etiologic agents in California producing an encephalitis syndrome.

"California's Health" Index Now Available

The index to Volume 13, July 1, 1955, through June 30, 1956, issues, is now available. The index is primarily a subject matter index but signed articles are also listed by author. Copies may be obtained from the Bureau of Health Education, California Department of Public Health, 2151 Berkeley Way, Berkeley 4.

Accidents have been consistently the leading cause of death among school children for over 20 years.

Migration to Trinity Dam Project Poses Community Problems

Representatives of state, federal and local agencies met August 15th in Weaverville with the Trinity County Board of Supervisors to discuss community problems which may arise during construction of the Trinity River Dam at nearby Lewiston. Robert R. Breeden, M.D., Trinity County Health Officer, presided over the meeting.

From 6,000-10,000 construction workers and their families will be moving this late fall into the Weaverville-Lewiston area, remote mountain communities which have only sufficient health, housing, utility, sewage and other community facilities to maintain an adequate level of service for the 6,700 permanent population.

Aware that such a population influx can pose serious community problems, the Trinity County Board of Supervisors invited representatives from responsible agencies to meet with them to discuss potential health and housing problems in order to take advantage of experience gained in similar projects and to establish an effective program of prevention rather than one of correction.

Agencies and groups invited to participate in the meeting included:

Trinity County Agencies: Health Department, Planning Commission, Superintendent of Schools, Welfare Department, Sheriff's Office, and Trinity Lakes Advisory Council.

State Agencies: Health Department, Regional Water Pollution Control Board, Regional Division of Housing, Forestry Division, and Fish and Game Commission.

Federal Agencies: Forest Service, Bureau of Reclamation, and Bureau of Land Management.

Also represented were the Ralph Smith Lumber Company, the Trinity Alps Lumber Company, and United States Plywood.

As a result of the meeting, it has been mutually agreed that county ordinances would be applicable in state and federally controlled lands of Trinity County as well as in the areas under county jurisdiction. State laws relating to housing, trailer courts and camping will also be enforced equally in all areas of the county.

The county board of supervisors has recently adopted ordinances relating to subdivisions and interim zoning, and a building ordinance is in preparation.

U. S. Public Health Service Authorized to Establish Program Of Professional Traineeships

Approximately 250 traineeships for graduate or specialized public health training are available nationally through the U. S. Public Health Service for the current fiscal year. Congress, in the Health Amendments Act of 1956 authorized the training program for professional personnel, such as physicians, nurses, sanitary engineers, nutritionists, medical social workers, dentists, health educators, veterinarians, and others whose professional skills are required in modern public health practice.

Designed to supplement current state and local government training activities, the objective of the program is to meet the need for qualified public health personnel through providing postgraduate training for men and women who have completed their basic professional education.

In general, traineeships are awarded for a period not longer than 12 months. Applicants must have been admitted to the training institution before they can be considered for a traineeship award. The awards provide for stipends ranging from \$2,400 to \$4,800 annually; allowances for legal dependents; travel to the training institution; and tuition and fees. Preference is given to qualified individuals who have had not more than two years' experience in public health and who have had less than one year of graduate or specialized public health training.

Traineeships may be awarded directly to individual trainees by the U. S. Public Health Service, or through grants to training institutions; a limited number will be awarded through grants to schools of public health.

Applicants for individual traineeships should secure applications as soon as possible from any of the regional medical directors of the Public Health Service or from the Bureau of

State Services, U. S. Public Health Service, Washington 25, D. C. Regional medical officer for the West is Richard F. Boyd, M.D., 447 Federal Office Building, Civic Center, San Francisco 2.

In California, grants have been made to the School of Public Health and to the School of Nursing, University of California, Berkeley.

San Bernardino County Establishes Air Pollution Control District

The San Bernardino County Board of Supervisors recently formed an air pollution control district as the first step in coping with an expanding smog problem.

County air pollution districts have now been established in Los Angeles, Orange, Riverside, San Diego, Santa Clara, in addition to San Bernardino. A six-county control district has been organized in the San Francisco Bay area. Such districts now exist in the three large metropolitan areas of California and in three of the counties that border Los Angeles.

Study of Poisonous Fish, Native Drugs Begun by CME

The U. S. Public Health Service has granted \$11,500 to the College of Medical Evangelists School of Tropical and Preventive Medicine for continued study of poisonous and venomous fishes.

Another grant of \$2,500 has been received by the school from Cutter Laboratories, Berkeley, for the study of drugs used by primitive native peoples. Both grants will be used by the school's section on biotoxicology.

The National Safety Council estimates that some fifteen and a half million drivers are involved in accidents annually.

Probably three-fourths of the world's population drinks unsafe water, disposes of human excreta recklessly, prepares milk and food dangerously, is constantly exposed to insect and rodent enemies and lives in unfit dwellings.—Dr. Brook Chisholm.

Eleven California Communities Fluoridate Public Water Supplies

As a means of improving the dental health of their future citizens, controlled fluoridation of public water supplies is now available to more than 1,500,000 people in 11 California communities. Six more communities have applied to the State Board of Public Health for fluoridation permits.

Fluoridation is currently in effect in San Francisco, Antioch, Healdsburg, Pleasanton, Gridley, San Luis Obispo, Fresno Water District No. 11, Vallejo Township, Gregory Gardens, Fort Ord, and Rosemont. Communities that have applied for fluoridation permits are Palo Alto, St. Helena, Blue Lake, Arcata, Hayward, and Placerville.

In all, some 5,000,000 Californians are living in communities whose water supplies contain 0.3 or more parts of fluoride in a million parts of water. Most of these water supplies pick up uncontrolled amounts of fluoride from fluoride-bearing rock which, in most instances, contains amounts insufficient to reduce dental caries. In controlled water fluoridation, the correct amount of fluoride is added to that already in the water to bring it to a beneficial level.

The benefits from controlled fluoridation of public water systems in California have been demonstrated in the results of dental caries surveys conducted in Rio Vista. The surveys disclose that the six-year-old children in 1955 had 54 percent fewer decayed teeth than the six-year-olds in 1951, when fluoridation was begun in that city. This is in line with the 10-year studies conducted in Newburg, N. Y.; Grand Rapids, Michigan; Brantford, Ontario, and other cities throughout the Nation.

On April 10, 1956, Rio Vista, after five years of fluoridation without a single health complaint registered against the program, voted to discontinue fluoridation of its water supply. The discontinuance of the program of controlled water fluoridation in Rio Vista is one of several reversals experienced in California.

Water fluoridation has been endorsed and is recommended by all major health organizations in the Nation and is now in effect in more than 1,100 communities throughout

Public Health Positions

Alameda County

Occupational and Physical Therapists: Salary range, \$394 to \$484. Positions are for work with cerebral palsied children attending clinics and school in Alameda County. Occupational therapist positions require registration with National Registry and one year of supervised experience after recognized course. Physical therapist positions require legal qualification for practice in California and one year supervised experience after graduation from approved school. Apply to James C. Malcolm, M.D., Director, Alameda County Health Department, 15000 Foothill Blvd., San Leandro.

Colusa County

Sanitarian: Salary range, \$341 to \$415. Requires registration as sanitarian in California. Car required; allowance 10 cents per mile. Position is the only sanitarian position in a small county. For further information, write H. Anthon Dahlsrud, M.D., Colusa County Health Department, 317 Fifth Street, Colusa.

Fresno County

Supervising Public Health Nurse: Salary range, \$360 to \$450. Position open in Fresno County Health Department. Requires registration or eligibility for registration as a public health nurse in California; completion of a year's accredited program of study in public health nursing in a university, including a course in the principles of supervision; and two years of experience in public health nursing, one year of which must have been under qualified supervision in a public health nursing service in which family health is emphasized. Applications will be received until further notice. Further information and applications may be obtained from Fresno County Civil Service Commission, Hall of Records, Fresno 21.

Humboldt County

Public Health Nurses: Salary range, \$392 to \$491. Two positions open. Generalized program with some school nursing. Car furnished for work, personal car desirable. California registration and California driver's license required. Apply to Dr. L. S. McLean, Director, Humboldt-Del Norte Health Department, Box 857, Eureka.

Mendocino County

Public Health Nurse: Salary range, \$341 to \$395. Generalized program. Requires eligibility for California registration and public health nursing certificate. Car allowance, \$120 per month. For further information write to Margaret Bernard, Director of Nursing, Mendocino County Department of Public Health, 880 N. Bush Street, Ukiah.

the Country. The California State Board of Public Health and State Health Department have recommended fluoridation to all communities whose water supplies are fluoride deficient.

San Bernardino County

Public Health Veterinarian: Salary range, \$483 to \$587. Position open in San Bernardino County Health Department. Applicant must possess a license to practice or be eligible for California registration. For further information write to San Bernardino County Department of Civil Service and Personnel, 236 Third Street, San Bernardino.

Santa Barbara County

Public Health Nurse: Salary range, \$338 to \$412. Generalized nursing program. Position is for assignment to northern section of Santa Barbara County. Eligibility for California registration and public health nursing certificate required. For further information write to Joseph T. Nardo, M.D., Health Officer, Santa Barbara County, P. O. Box 119, Santa Barbara.

California League for Nursing

Consultant for Committee on Careers in Nursing: Salary range, \$415 to \$507. Requirement—registered nurse with bachelor's degree, preferably with experience in both nursing education and nursing service. The position is for direction of the league's state program for the recruitment of students for schools of nursing. For further information write or call Ruth Jorgensen, General Director, California League for Nursing, 465 Post Street, Room 202, San Francisco 2. Telephone, YUkon 6-2482.

U. S. F. D. A. Activities To Be Televised

Activities of the San Francisco District of the U. S. Food and Drug Administration, Department of Health, Education, and Welfare, will be shown on the half-hour TV show, "Success Story," KGO channel 7 (San Francisco). The show will go on the air at 7 p.m., September 20, 1956.

Among the activities to be shown will be FDA inspectors making factory inspections of a food processing plant and a drug manufacturer. FDA chemists will be shown in the laboratory, analyzing food and drug samples, testing tea samples, and testing fish for decomposition.

Also illustrated will be some recently exposed "quack" medical devices, and FDA activities in civil defense and disasters.

This show is part of the nationwide observance of the 50th anniversary of the passage of the first Federal Food and Drug Law. In this connection, a three-cent commemorative postage stamp was issued on June 27, 1956, in honor of Dr. Harvey W. Wiley, "Father of the Pure Food and Drugs Act" of 1906.

REVIEW OF REPORTABLE DISEASES MORBIDITY BY MONTH OF REPORT JULY, 1956

DISEASES WITH INCIDENCE EXCEEDING THE FIVE-YEAR MEDIAN

Diseases	July, 1956	July, 1955	July, 1954	Five-year median
Amebiasis	109	62	26	38
* Coccidioidomycosis	17	24	8	8
Encephalitis, acute (total)	38	47	43	NA
Encephalitis, western equine	1	—	—	—
Encephalitis, mumps	15	26	24	NA
Encephalitis, measles	6	9	10	NA
Encephalitis, chickenpox	3	1	1	NA
Encephalitis, other post infections	—	—	1	NA
Encephalitis, etiology undetermined	13	11	7	11
Rabies (animal)	18	36	6	11
Salmonellosis	95	62	59	62
Shigellosis	85	131	84	84
Typhoid fever	12	8	17	10

Diseases Below the Five-year Median

Diseases	July, 1956	July, 1955	July, 1954	Five-year median
Diphtheria	2	1	2	5
Food poisoning	45	355	119	119
Hepatitis, infectious	122	138	128	128
Hepatitis, serum	3	5	3	4
Malaria	5	7	4	7
Measles	1,596	2,595	3,497	2,595
Meningitis, meningococcic	11	18	18	22
Mumps	1,266	1,695	1,275	1,561
Pertussis	181	369	476	369
Poliomyelitis (total)	250	197	574	302
Poliomyelitis (paralytic)	169	93	351	185
Rheumatic fever (acute)	4	8	21	*
Streptococcal infections (respiratory)	192	208	252	304

Venereal Diseases

Diseases	July, 1956	July, 1955	July, 1954	Five-year median
Syphilis (total)	422	539	518	636
Gonorrhea	1,139	1,271	1,237	1,429
Chancroid	2	10	10	*
Granuloma inguinale	—	1	1	*
Lymphogranuloma venereum	2	5	3	*

* Since July 1, 1955, active primary (including cavitary) and disseminated coccidioidomycosis reportable.
NA—Not available.
* Median not calculated.

We Apologize

In reporting the death of an Oxnard man from bubonic plague, *California's Health*, July 15, 1956, erroneously stated that the patient was referred to the Corona Naval Hospital "where plague was ultimately suspected." The reverse was true. Lieutenant Commander L. W. Fox, medical officer at the Naval Hospital, immediately suspected plague and appropriate antibiotic treatment was started at once.

GOODWIN J. KNIGHT, Governor
MALCOLM H. MERRILL, M.D., M.P.H.
State Director of Public Health

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